Fill	in this information to identify your ca	ase:						
Del	otor 1 Adam M. Ro	hrbacher						
	otor 2 Pamela A. R	ohrbacher			_			
Uni	ted States Bankruptcy Court for the	: WESTERN DISTRICT	OF MICHIGAN		_			
Cas	se number 16-05156					Check if this is:		
(lf kr	nown)						nt sho	wing postpetition chapter e following date:
O.	fficial Form 106l					MM / DD/ Y		•
	chedule I: Your Inc	ome				WIIWI 7 DD7 1		12/15
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	r spouse is not filing wi	ith you, do not includ	de infor	mation	about your spo	use. If	more space is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or no	n-filing spouse
	If you have more than one job,		■ Employed			■ Emplo	yed	
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not er	nploye	d
	employers.	Occupation	Contractor World	ker		Front D	esk/	Team Leader
	Include part-time, seasonal, or self-employed work.	Employer's name	-			Advanc	ed OE	BGYN
	Occupation may include student or homemaker, if it applies.	Employer's address						NE - Ste 102 s, MI 49503
		How long employed the	here? 3 Month	ns		1	.5 Yea	nrs
Par	t 2: Give Details About Mor	thly Income						
	mate monthly income as of the dause unless you are separated.	ate you file this form. If y	you have nothing to re	port for	any line	e, write \$0 in the	space.	Include your non-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all	employe	ers for that perso	n on th	e lines below. If you need
					F	or Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, salar deductions). If not paid monthly, or	ry, and commissions (be calculate what the monthly	efore all payroll y wage would be.	2.	\$_	0.00	\$	1,900.00
3.	Estimate and list monthly overti	me pay.		3.	+\$	0.00	+\$	0.00
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	1,900.00
	Payuella (

Schedule I: Your Income

ebtor ebtor:		-	Case	number (if known)	16-05156		
			Fo	r Debtor 1	For Debtor 2 or non-filing spouse		
С	Copy line 4 here	. 4.	\$_	0.00	\$ <i>*</i>	,900.00	
L	List all payroll deductions:						
		5a.	\$	0.00	\$	393.00	
	5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	26.00	
	5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e. Insurance	5e.	\$	0.00	\$	0.00	
51	5f. Domestic support obligations	5f.	\$	0.00	\$	0.00	
5	5g. Union dues	5g.	\$	0.00	\$	0.00	
51	5h. Other deductions. Specify:	5h	+ \$	0.00	+ \$	0.00	
A	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	419.00	
С	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$,481.00	
	List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross						
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	3,647.38	\$	0.00	
81	Bb. Interest and dividends	8b.	_	0.00	\$	0.00	
80	Bc. Family support payments that you, a non-filing spouse, or a dependent regularly receive	ent	-				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
80	Bd. Unemployment compensation	8d.	-	0.00	\$	0.00	
	Be. Social Security	8e.	-	0.00	\$	0.00	
	Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	0.00	\$	0.00	
	Bg. Pension or retirement income	8g.		0.00	\$	0.00	
81	Bh. Other monthly income. Specify:	8h	+ \$_	0.00	+ \$	0.00	
A	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	3,647.38	\$	0.00	
	Calculate monthly income. Add line 7 + line 9.	10. \$	3	3,647.38 + \$	1,481.00	= \$	5,128.3
Α	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L					
In of D	State all other regular contributions to the expenses that you list in Schedolnclude contributions from an unmarried partner, members of your household, you other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are respective:	our deper		•	ed in Schedu	le J. +\$	0.0
V	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Ce applies					\$	5,128.3
						Combin	ed / income
	Do you expect an increase or decrease within the year after you file this fo No.	rm?				monthly	y iricome
	Yes. Explain: Breakdown of Monthly Business Expenes: Concrete \$1410, Insurance \$90, Fuel \$504, Vel \$949.12	nicle Ma	inter	ance \$150, Wo	ork Supplie	s \$600, T	axes
	Januely Roh	Market St. Procedure and assessment of the state of the s					
	7/11.						
	15-400////	Married St. Company of the St. C					
iciai	1 Form/1061 Schedule I: Yo	ur income	C .				page 2

ill in this inform	nation to identify yo						
ebtor 1	Adam M. Ro	hrbacher		Cł	neck if	f this is:	
					An	amended filing	
ebtor 2	Pamela A. R	ohrbacher					ving postpetition char
pouse, if filing)					13	expenses as of	the following date:
nited States Ban	kruptcy Court for the	: WESTERN DISTRICT OF MICH	IGAN		MN	// DD / YYYY	
ase number	16-05156						
Official F	orm 106J						
	e J: Your	Expenses					
formation. If		s possible. If two married people a eded, attach another sheet to this ry question.					
art 1: Des	cribe Your House	ehold					
□ No. Go							
_		in a separate household?					
		a coparato nouconola.					
		ot file Official Farm 100 L2 Frances	- f 0	4 -4 D		•	
	res. Debtor 2 mus	st file Official Form 106J-2, Expense	s for Separate Housenok	or D	ebtor	2.	
Do you ha	ve dependents?	□ No					
Do not list liber 2.	Debtor 1 and	Yes. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	hip to	-	Dependent's age	Does dependent live with you?
Debtor 2.		TAS		hip to			
	te the	TAS		hip to			live with you?
Debtor 2. Do not stat	te the	TAS	Debtor 1 or Debtor 2	hip to		age	live with you?
Debtor 2. Do not stat	te the	TAS	Debtor 1 or Debtor 2	hip to		age	live with you? ☐ No ■ Yes
Debtor 2. Do not stat	te the	TAS	Son	hip to		age 4	live with you? ☐ No ■ Yes ☐ No
Debtor 2. Do not stat	te the	TAS	Son	hip to		age 4	live with you? ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Debtor 2. Do not stat	te the	TAS	Son	hip to		4 7	live with you? ☐ No ☐ Yes
Debtor 2. Do not stat	te the	TAS	Son	hip to		4 7	Ive with you? No Yes No Yes No Yes No Yes No Yes
Debtor 2. Do not stat dependent	te the	each dependent	Son	hip to		4 7	live with you? ☐ No ☐ Yes
Do your expenses yourself at	te the s names. Expenses include of people other the dyour dependent	each dependenthan Seach dependent	Son	hip to		4 7	Ive with you? No Yes No Yes No Yes No Yes No Yes
Do your expenses yourself art 2: Estimate your expenses as of	te the s names. Expenses include of people other tind your depende mate Your Ongoinexpenses as of your fa date after the line in the line	each dependent	Son Son Son you are using this form	as a	suppl the b	4 7 8	Ive with you? No Yes No Yes No Yes No Yes No Yes
Do your exercises yourself art 2: Estimate your expenses as of oplicable date	e the s names. Expenses include of people other to the second of the se	No han Yes Ing Monthly Expenses Our bankruptcy filing date unless bankruptcy is filed. If this is a sup	Son Son Son you are using this form plemental Schedule J, o	as a	suppl the b	4 7 8	Ive with you? No Yes No Yes No Yes No Yes No Yes
Do your expenses yourself and the stimate your expenses as of oplicable date clude expenses.	e the s names. Expenses include of people other the dyour depende mate Your Ongoinexpenses as of your fadate after the leads.	No han Yes Yes each dependent	Son Son Son Son you are using this form plemental Schedule J, of	as a	suppl the b	4 7 8	Ive with you? No Yes No Yes No Yes No Yes No Yes
Do your expenses yourself aut 2: Estimate your expenses as of policable date clude expense evalue of sur	e the s names. Expenses include of people other tind your depende mate Your Ongoinexpenses as of your fa date after the lesses paid for with inch assistance and services as sistance and services are sistance as sistance and services as sistance	No han Yes Ing Monthly Expenses Our bankruptcy filing date unless bankruptcy is filed. If this is a sup	Son Son Son Son you are using this form plemental Schedule J, of	as a	suppl the b	4 7 8	Ive with you? No Yes No Yes No Yes No Yes No Yes The form and fill in
Do your expenses yourself aut 2: Estimate your expenses as of oplicable date clude expense evalue of sur	e the s names. Expenses include of people other tind your depende mate Your Ongoinexpenses as of your fa date after the lesses paid for with inch assistance and services as sistance and services are sistance as sistance and services as sistance	No han Yes Yes each dependent	Son Son Son Son you are using this form plemental Schedule J, of	as a	suppl the b	4 7 8 lement in a Chapox at the top of	Ive with you? No Yes No Yes No Yes No Yes No Yes The form and fill in
Do your expenses yourself aut 2: Estimate your expenses as of oplicable date clude expense evalue of surfficial Form 1	e the s names. Expenses include of people other that your depende mate Your Ongoinexpenses as of your fa date after the leads of the ses paid for with the chassistance and total.	No han Yes Yes yes mg Monthly Expenses bankruptcy filing date unless bankruptcy is filed. If this is a supmon-cash government assistance d have included it on Schedule I:	Son Son Son Son you are using this form plemental Schedule J, of if you know Your Income	as a	the b	4 7 8 lement in a Chapox at the top of	Ive with you? No Yes No Yes No Yes No Yes No Yes The form and fill in
Do your expenses yourself at timate your expenses as of plicable date clude expense evalue of sufficial Form 1	e the s names. Expenses include of people other tind your depende mate Your Ongoinexpenses as of your fa date after the letter of the sessistance and the sessistance and the sessistance of the sessistan	No han Yes Yes yes mg Monthly Expenses bankruptcy filing date unless bankruptcy is filed. If this is a supmon-cash government assistance d have included it on Schedule I:	Son Son Son Son you are using this form plemental Schedule J, of if you know Your Income	as a sa check	the b	4 7 8 lement in a Chapox at the top of	live with you? No Yes No Yes No Yes No Yes No Yes Repter 13 case to report the form and fill in
Do your exexpenses yourself at timate your openses as of plicable date clude expense value of sufficial Form 1.	ethe s names. Expenses include of people other ti nd your depende mate Your Ongoi expenses as of yo f a date after the le ch assistance and 1061.) or home owners and any rent for the	No han Yes Yes yes mg Monthly Expenses bankruptcy filing date unless bankruptcy is filed. If this is a supmon-cash government assistance d have included it on Schedule I:	Son Son Son Son you are using this form plemental Schedule J, of if you know Your Income	as a sa check	\$ _	4 7 8 lement in a Chapox at the top of	live with you? No Yes No Yes No Yes No Yes No Yes Repter 13 case to report the form and fill in
Do your exexpenses yourself at timate your openses as of plicable date clude expense value of sufficial Form 1 The rental payments at If not include 4a. Real	xpenses include of people other tind your depende mate Your Ongoinexpenses as of your fa date after the leading or home owners and any rent for the uded in line 4:	No han Yes Yes yes mg Monthly Expenses bankruptcy filing date unless bankruptcy is filed. If this is a supmon-cash government assistance d have included it on Schedule I:	Son Son Son Son you are using this form plemental Schedule J, of if you know Your Income	as a scheck	\$ _	4 7 8 lement in a Chapox at the top of	live with you? No Yes No Yes No Yes No Yes No Yes No Hes
Do your exexpenses yourself and expenses as of oplicable date clude expense evalue of sufficial Form 1 The rental payments and If not include 4a. Real 4b. Prop	xpenses include of people other tind your depende mate Your Ongoinexpenses as of your fa date after the leading or home owners and any rent for the uded in line 4:	han No han Yes	Son Son Son Son you are using this form plemental Schedule J, of if you know Your Income	as a scheck	\$ \$	4 7 8 lement in a Chapox at the top of	live with you? No Yes No Yes No Yes No Yes No Yes No The form and fill in Penses 0.00
Do your exexpenses yourself and expenses as of oplicable date clude expense e value of sufficial Form 1 The rental payments a lf not include 4a. Real 4b. Prop 4c. Hom 4d. Hom	xpenses include of people other tind your depende mate Your Ongoinexpenses as of your fa date after the lead of the control of	and No han	Son Son Son Son Son you are using this form plemental Schedule J, of if you know Your Income	as a acheck	\$ _ \$ _ \$ _ \$	4 7 8 lement in a Chapox at the top of	live with you? No Yes No Yes No Yes No Yes No Yes No One Yes One No One

fficial Form 106J

Schedule J: Your Expenses

Utilities:		er (if known)	16-05156
Juliuso.			
6a. Electricity, heat, natural gas	6a.	\$	350.00
6b. Water, sewer, garbage collection	6b.	\$	100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	200.00
6d. Other. Specify:	6d.	\$	0.00
Food and housekeeping supplies	7.	\$	1,000.00
	8.	\$	0.00
			200.00
			150.00
			400.00
		*	
Do not include car payments.	12.	\$	189.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	120.00
Charitable contributions and religious donations	14.	\$	0.00
Insurance.			
Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a.	\$	19.00
15b. Health insurance	15b.	\$	1,127.00
15c. Vehicle insurance	15c.	\$	258.00
15d. Other insurance. Specify:	15d.	\$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:	16.	\$	0.00
Installment or lease payments:		-	Nava para di da la propositi della di da d
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as		_	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
		\$	0.00
Specify:	19.		
			0.00
			0.00
			0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00
Other: Specify:	21.	+\$	0.00
Calculate your monthly expenses	Ī		
		•	4 442 00
	1	-	4,113.00
		Ψ	
zzc. Add line zza and zzb. The result is your monthly expenses.		\$	4,113.00
Calculate your monthly net income.	L		
	23a.	\$	5,128.38
			4,113.00
177	_00.	T	7,110.00
23c. Subtract your monthly expenses from your monthly income.			
The result is your <i>monthly net income</i> .	23c.	\$	1,015.38
	Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: Other rayments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedual One Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues	Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16c. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments you make to support others who do not live with you. Specify: 19c. 20a. Mortgages on other property 20b. Real estate taxes 20b. Other property expenses not included in lines 4 or 5 of this form or on Schedule I: You 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Other: Specify: 21. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a.	Food and housekeeping supplies Childcare and children's education costs Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. \$ Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance onto include taxes deducted from your pay or included in lines 4 or 20. 15pecify: 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15pecify: 15c. Car payments for Vehicle 1 17a. \$ 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Specify: 17

Schedule J: Your Expenses